

PLANNING DEPARTMENT

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Zoning District: _____

1. Name of Project: _____
2. Address of Building Site: _____
3. **Applicant:** _____
Address: _____
Property Owner: _____
Address: _____

4. Land Use Permit No: _____ Date Issued: _____
5. Legal Description: Subdivision/COS _____ Lot _____
Block _____ Section _____ Township _____ Range _____
Other _____
6. DOR#: 06 _____
(2) (4) (2) (1) (2) (2) (4)
7. Description of construction, alteration, etc: _____
8. Setback distance of building(s) to: Front property line complies 4 ft.
Rear property line _____ ft.
Side property line _____ ft.
Side property line _____ ft.
Public roads _____ ft.
Stream or creek (high water mark) _____ ft.
9. City-County Environmental Health Department Sanitary Facilities Permit #: _____
10. Completion date: _____

Please sign the back of this form.

AGREEMENT

The undersigned hereby agrees that the completed work has been done in accordance with the plans and specifications and statement herewith submitted and in conformity with the provisions of the Zoning Regulations.

Applicant's Signature _____ Date _____

For Office Use Only

CERTIFICATE OF OCCUPANCY

The Certificate of Occupancy has been approved in accordance with the plans and specifications and statement herewith submitted, subject to the following conditions:

1. Certificate of Occupancy Approved Date: | |

2. Number of trees to be planted (Springhill): _____

3. Other: _____

Planning Department _____ Date _____